

SCC eFile
(6/10)

**2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

211509365

1.) CORPORATION NAME:

Bay Aging

DUE DATE: **6/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

OFFICER

KATHY E VESLEY

5306 OLD VIRGINIA STREET

PO BOX 610

URBANNA, VA 23175

SCC ID NO: **01861293**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MIDDLESEX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 610
5306 OLD VIRGINIA STREET

CITY/ST/ZIP: URBANNA, VA 23175-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: MRS CAROLYN GRAY
TITLE: SECRETARY
ADDRESS: 3945 FOLLY NECK RD
CITY/ST/ZIP/CO: WARSAW, VA 22572-

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OFFICER

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DIRECTOR

NAME: MR MANUEL HAYNIE
TITLE: V CHAIRMAN
ADDRESS: P O BOX 281
CITY/ST/ZIP/CO: REEDVILLE, VA 22539-

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OFFICER

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DIRECTOR

NAME: LUTHER DERBY
TITLE: DIRECTOR
ADDRESS: PO BOX 267
CITY/ST/ZIP/CO: TAPPAHANNOCK, VA 22560-

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OFFICER

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DIRECTOR

NAME: JOE CURRY
TITLE: DIRECTOR
ADDRESS: PO BOX 737
CITY/ST/ZIP/CO: KILMARNOCK, VA 22482-

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OFFICER

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DIRECTOR

NAME: ED CLAYTON
TITLE: DIRECTOR
ADDRESS: 1205 AARONS BEACH ROAD
CITY/ST/ZIP/CO: DIGGS, VA 23045-

NAME:	ELTON SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 27		
CITY/ST/ZIP/CO:	SHACKLEFORDS, VA 23156-		
NAME:	DON JAMES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1257		
CITY/ST/ZIP/CO:	GLOUCESTER, VA 23061-		
NAME:	DIANA PITTS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 191		
CITY/ST/ZIP/CO:	URBANNA, VA 23175-		
NAME:	SARA LOONEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3 MARSHALL AVENUE		
CITY/ST/ZIP/CO:	COLONIAL BEACH, VA 22443-		
NAME:	JAMES MICKENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1809 CHURCHVILLE ROAD		
CITY/ST/ZIP/CO:	WEST POINT, VA 23181-		
NAME:	JIMMIE CARTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	PO BOX 300		
CITY/ST/ZIP/CO:	IRVINGTON, VA 22480-		
NAME:	STANLEY CLARKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 955		
CITY/ST/ZIP/CO:	TAPPAHANNOCK, VA 22560-		
NAME:	BILL REISNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 248		
CITY/ST/ZIP/CO:	WICOMICO CHURCH, VA 22579-		
NAME:	HARRISON DIXON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8318 WOODHAVEN DRIVE		
CITY/ST/ZIP/CO:	GLOUCESTER, VA 23061-		
NAME:	MARIE ROE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	439 BURNT HOUSE POINT		
CITY/ST/ZIP/CO:	COLONIAL BEACH, VA 22443-		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

/s/ JIMMIE CARTER	JIMMIE CARTER, CHAIRMAN	5/5/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		